



Audits – Bay & Central Region
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May 6, 2008

Denise C. Hunt, RN, MFT
Director
Stanislaus County Behavioral Health
And Recovery Services
800 Scenic Drive
Modesto, CA 95350

Dear Ms. Hunt:

AUDIT REPORT – STANISLAUS COUNTY BEHAVIORAL HEALTH

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Stanislaus County Behavioral Health for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.


The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 16,791,100	\$ 16,229,002	\$ (562,098)
Federal Share of Healthy Families/Medi-Cal	\$ 229,352	\$ 235,875	\$ 6,523

Denise C. Hunt, Director
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If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,


for WALTER J. HILL, JR., MBA, EA
Chief of Audits


MABEL GILTNER, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

STANISLAUS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 10,745,677	\$ (571,373)	\$ 10,174,304
HEALTHY FAMILIES - FFP	(Sch. 2a)	90,689	(1,610)	89,079
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 10,836,366</u>	<u>\$ (572,983)</u>	<u>\$ 10,263,383</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	6,045,423	9,275	6,054,698
HEALTHY FAMILIES - FFP	(Sch. 3b)	138,663	8,133	146,796
TOTAL FFP - CONTRACT PROVIDERS		<u>\$ 6,184,086</u>	<u>\$ 17,408</u>	<u>\$ 6,201,494</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 16,791,100	\$ (562,098)	\$ 16,229,002
HEALTHY FAMILIES - FFP		229,352	6,523	235,875
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u>\$ 17,020,452</u>	<u>\$ (555,575)</u>	<u>\$ 16,464,877</u>

**STANISLAUS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		Audit		
		As Settled	Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 6,837,636	\$ (120,814)	\$ 6,716,822
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	9,576,128	(20,997)	9,555,131
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	19,586	(8,104)	11,482
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	59,978	(2,513)	57,465
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	1,351	1,351
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	4,546	4,546
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	14,183	0	14,183
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	92,795	(2,248)	90,547
9. Total		<u>\$ 16,600,306</u>	<u>\$ (148,780)</u>	<u>\$ 16,451,526</u>
<u>Less: Patient & Other Payor Revenues</u>				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 1,173,004	\$ 109,512	\$ 1,282,516
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	99,714	80	99,794
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 1,272,718</u>	<u>\$ 109,592</u>	<u>\$ 1,382,310</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 5,684,218	\$ (238,430)	\$ 5,445,788
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	9,536,392	(23,590)	9,512,802
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	1,351	1,351
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	4,546	4,546
23. Healthy Families-I/P	(Ln 7 - Ln 16)	14,183	0	14,183
24. Healthy Families-O/P	(Ln 8 - Ln 17)	92,795	(2,248)	90,547
25. Total		<u>\$ 15,327,588</u>	<u>\$ (258,372)</u>	<u>\$ 15,069,216</u>
<u>Medi-Cal MAA Reimbursement</u>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

STANISLAUS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL		Audit		
		As Settled	Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Medi-Cal Administrative Reimbursement</u>				
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 4,269,533	\$ (25,972)	\$ 4,243,561
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 3,671,681	\$ (411,812)	\$ 3,259,869
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 3,671,681</u>	<u>\$ (411,812)</u>	<u>\$ 3,259,869</u>
<u>Healthy Families Administrative Reimbursement</u>				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 32,190	\$ (225)	\$ 31,965
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 45,084	\$ (5,056)	\$ 40,028
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 32,190</u>	<u>\$ (225)</u>	<u>\$ 31,965</u>
<u>Utilization Review Reimbursement</u>				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 1,368,855	\$ (304,946)	\$ 1,063,909
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 62,085</u>	<u>\$ (13,831)</u>	<u>\$ 48,254</u>
<u>Net SD/MC Reimbursement - FFP</u>				
45. Direct Services	(MH1979, Ln 16,16A)	\$ 7,800,211	\$ (128,828)	\$ 7,671,383
46. Enhanced (Children)	(MH1979, Ln 17,17A)	51,941	(6,910)	45,031
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	5,896	5,896
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	1,835,841	(205,907)	1,629,935
50. U.R. Skilled Professional	(MH1979, Ln 14)	1,026,641	(228,709)	797,932
51. U.R. Other	(MH1979, Ln 15)	31,043	(6,916)	24,127
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 10,745,677</u>	<u>\$ (571,373)</u>	<u>\$ 10,174,304</u>
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	0	0	0
56. Total SD/MC Reimbursement - FFP		<u>\$ 10,745,677</u>	<u>\$ (571,373)</u>	<u>\$ 10,174,304</u>
<u>Net Healthy Families Reimbursement - FFP</u>				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 69,685	\$ (1,463)	\$ 68,222
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	21,004	(147)	20,857
60. Total Healthy Families Reimbursement - FFP		<u>\$ 90,689</u>	<u>\$ (1,610)</u>	<u>\$ 89,079</u>
61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 10,836,366</u>	<u>\$ (572,983)</u>	<u>\$ 10,263,383</u>

(To Sch. 1)

[illegible]

[illegible]

(To Sch. 1)

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	76	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
<u>ADJUSTMENTS TO REPORTED COSTS</u>							
1	MH 1960	9	3	SD/MC ADMINISTRATION	\$ 3,671,681	\$ (411,812)	\$ 3,259,869
2	MH 1960	10	3	HEALTHY FAMILIES ADMINISTRATION	\$ 45,084	\$ (5,056)	\$ 40,028
3	MH 1960	11	3	NON SD/MC ADMINISTRATION	\$ 2,155,539	\$ 416,868	\$ 2,572,407
	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS	\$ 5,872,304		\$ 5,872,304
To allocate Total Administrative Costs between SD/MC, Healthy Families, and Non SD/MC Administration based on the unduplicated client count method percentages of 55.5126% for SD/MC, 0.6816% for Healthy Families Admin., and 43.8058% for Non SD/MC per County's supporting documentation.							
4	MH 1960	13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 1,368,855	\$ (304,946)	\$ 1,063,909
5	MH 1960	14	3	OTHER SD/MC UTILIZATION REVIEW	\$ 62,085	\$ (13,831)	\$ 48,254
6	MH 1960	15	3	NON-SD/MC UTILIZATION REVIEW	\$ -	\$ 318,777	\$ 318,777
	MH 1960	16	3	TOTAL UTILIZATION REVIEW COSTS	\$ 1,430,940		\$ 1,430,940
To allocate Total Utilization Review Costs using the Medi-Cal Eligibility Factor percentage of 77.7225% for SPMP and Other SD/MC UR, and 22.2775% for Non SD/MC UR per County's supporting documentation.							
* Balance carried forward to subsequent adjustment.							
** Balance brought forward from prior adjustment.							

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	76	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED GROSS COST</u>			
7	MH 1966A	3		MODE 05			
				SERVICE FUNCTION 05/10	\$ 13,845,448	\$ 11	\$ 13,845,459
8	MH 1966A	3		SERVICE FUNCTION 05/19	\$ 237,748	\$ (11)	\$ 237,737
				To adjust the Medi-Cal reported gross cost at the service function level after recalculation of the same costs per unit.			
				MODE 15			
9	MH 1966A	3		SERVICE FUNCTION 15/01	\$ 4,625,746	\$ (733,944)	\$ 3,891,802
10	MH 1966A	3		SERVICE FUNCTION 15/10	\$ 6,548,178	\$ (195,990)	\$ 6,352,188
11	MH 1966A	3		SERVICE FUNCTION 15/60	\$ 2,801,430	\$ 239,675	\$ 3,041,105
12	MH 1966A	3		SERVICE FUNCTION 15/70	\$ 1,651,920	\$ 690,257	\$ 2,342,177
				To adjust the Medi-Cal reported gross cost at the service function level to reflect the RVS method of allocation.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	76	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
13	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	973,959	19,296	993,255 *
14	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	3,052,699	46,761	3,099,460 *
15	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	19,392	(2,020)	17,372 *
16	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	45,689	(3,316)	42,373 *
17	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	9,219	(45)	9,174 *
18	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	16,956	(582)	16,374 *
19	MH 1966A	10B	Total	ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03	0	1,652	1,652 *
20	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	6,825	180	7,005 *
21	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/02 to 06/30/03	34,403	(142)	34,261 *
			Info	TOTAL UNITS	4,159,142	61,784	4,220,926 *
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated September 26, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	76	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
22	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 993,255	(17,604)	975,651 *
23	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 3,099,460	(44,553)	3,054,907 *
24	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 17,372	2,020	19,392 *
25	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 42,373	4,403	46,776 *
26	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** 9,174	45	9,219 *
27	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 16,374	427	16,801 *
-	MH 1966A	10B	Total	ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03	** 1,652	0	1,652 *
29	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 7,005	(180)	6,825 *
30	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/02 to 06/30/03	** 34,261	1,043	35,304 *
			Info	TOTAL UNITS	** 4,220,926	(54,399)	4,166,527 *
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	76	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
31	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 975,651	(176)	975,475 *
32	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 3,054,907	(358)	3,054,549 *
33	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 19,392	(27)	19,365
34	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 46,776	(135)	46,641 *
35	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** 9,219	(45)	9,174
36	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 16,801	(427)	16,374
-	MH 1966A	10B	Total	ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03	** 1,652	0	1,652
37	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 6,825	180	7,005
38	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/02 to 06/30/03	** 35,304	(1,043)	34,261
			Info	TOTAL UNITS	** 4,166,527	(2,031)	4,164,496
				To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
39	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 975,475	(1,448)	974,027 *
40	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 3,054,549	(4,327)	3,050,222 *
				To adjust SD/MC units to limit units to audited Total Units.		(5,775)	
				ASO 15-10 (5,520)			
				ASO 15-60 (105)			
				Fee-For Service 15-10 (150)			
						<u>(5,775)</u>	
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				STANISLAUS COUNTY		Provider Number	No. of Adj.	Fiscal Period Ended		
						00050	76	June 30, 2003		
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.							
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>						
41	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02			**	974,027	182	974,209
42	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03			**	3,050,222	453	3,050,675
43	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03			**	46,641	25	46,666
				To adjust SD/MC units per County's claim of lockout units.					660	
				MEDI-CAL 05/10 588						
				MEDI-CAL 05/19 47						
				MEDICARE/MEDI-CAL 0510 25						

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	76	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
44	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	1,305,203	11,152	1,316,355 *
45	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	4,537,435	50,734	4,588,169 *
46	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	478	(478)	0 *
47	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	848	(848)	0 *
48	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	17,513	(1,033)	16,480 *
49	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	66,120	(2,208)	63,912 *
50	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	19,426	942	20,368 *
51	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/02 to 06/30/03	109,351	7,350	116,701 *
			Info	TOTAL	6,056,374	65,611	6,121,985 *
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated September 26, 2007. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
52	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 1,316,355	(12,070)	1,304,285 *
53	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 4,588,169	(36,047)	4,552,122 *
54	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 0	578	578 *
55	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 0	2,534	2,534 *
56	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** 16,480	1,033	17,513 *
57	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 63,912	88	64,000 *
58	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 20,368	(942)	19,426 *
59	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/02 to 06/30/03	** 116,701	2,920	119,621 *
			Info	TOTAL	** 6,121,985	(41,906)	6,080,079 *
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	76	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS			
60	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 1,304,285	141	1,304,426
61	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 4,552,122	(1,726)	4,550,396
62	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 578	(41)	537
63	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 2,534	(10)	2,524
64	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** 17,513	(1,033)	16,480
65	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 64,000	(940)	63,060
66	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 19,426	375	19,801
67	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/02 to 06/30/03	** 119,621	(4,443)	115,178
			Info	TOTAL	** 6,080,079	(7,677)	6,072,402
				To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	76	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - COUNTY</u>			
68	MH 1968	28	E	PATIENT AND OTHER PAYOR REVENUE - I/P (07/01/02 - 09/30/02)	\$ 247,708	\$ 38,620	\$ 286,328
69	MH 1968	28A	E	PATIENT AND OTHER PAYOR REVENUE - I/P (10/01/02 - 06/30/03)	\$ 925,296	\$ 70,892	\$ 996,188
70	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUE - O/P (07/01/02 - 09/30/02)	\$ 23,552	\$ (16)	\$ 23,536
71	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUE - O/P (10/01/02 - 06/30/03)	\$ 76,162	\$ 96	\$ 76,258
				To adjust patient and other payor revenue to agree with the county's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	76	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
72	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/time.	\$ 11,839,034	\$ 104,575	\$ 11,943,609
73	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 10,745,677	\$ (571,373)	\$ 10,174,304
74	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY	\$ 90,689	\$ (1,610)	\$ 89,079
				TOTAL REIMBURSEMENT - COUNTY	\$ 10,836,366	\$ (572,983)	\$ 10,263,383
75	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	\$ 6,045,423	\$ 9,275	\$ 6,054,698
76	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	\$ 138,663	\$ 8,133	\$ 146,796
				TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	\$ 6,184,086	\$ 17,408	\$ 6,201,494
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

**STANISLAUS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SHORT-DOYLE/MEDI-CAL PROGRAM
FINDINGS AND RECOMMENDATIONS
FOR FISCAL YEAR ENDED JUNE 30, 2003**

**FINDING 1 – COSTS ALLOCATION BETWEEN MODES AND SERVICE
FUNCTIONS**

Our review disclosed that the County did not use an allowable method of allocating costs between Modes and Service Functions. The allocation bases the County applied are Total Service Units and some short-term historical statistics, such as Emergency Service Hours, that are not recommended in the cost report instructions. Acceptable bases of allocation are (1) Direct, (2) Time Study, or (3) Relative Value based on units of service/time multiplied by the County's charges and/or SMA rates.

AUDIT AUTHORITY:

FY 02-03 Cost Report Instruction Manual (CFRS, page 27).

RECOMMENDATION:

We recommend that the County review the cost report instructions, and select and develop an appropriate method to distribute its costs between Modes and Service Functions.

AUDITEE'S RESPONSE:

We have reviewed the findings related to the FY02-03 audit and accept the recommendations as proposed.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (10/04)

Fiscal Year 2002-2003

County: STANISLAUS COUNTY
 County Code: 50

Legal Entity: STANISLAUS COUNTY		A	B	C
Legal Entity Number: 00050		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	32,967,697	39,822,859	72,790,556
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(19,618,789)	(19,618,789)
4	Other Adjustments (Provide Detail)	841,148	(13,001,377)	(12,160,229)
5	Total Costs Before Medi-Cal Adjustments	33,808,845	7,202,693	41,011,538
6	Medi-Cal Adjustments from MH 1961			307,724
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			41,319,262
	Administrative Costs (County Only)			
9	SD/MC Administration			3,259,869
10	Healthy Families Administration			40,028
11	Non-SD/MC Administration			2,572,407
12	Total Administrative Costs			5,872,304
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			1,063,909
14	Other SD/MC Utilization Review			48,254
15	Non-SD/MC Utilization Review			318,777
16	Total Utilization Review Costs			1,430,940
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			34,016,018
19	Total Costs - Lines 9 through 18			41,319,262

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: STANISLAUS COUNTY
County Code: 50

Legal Entity: STANISLAUS COUNTY		A	B	C
Legal Entity Number: 00050		Salaries and Benefits	Other	Total Adjustments
1	EQUIPMENT DEPRECIATION		383,189	383,189
2	Equipment Purchases		(75,465)	(75,465)
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		307,724	307,724

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: STANISLAUS COUNTY
County Code: 50

Legal Entity: STANISLAUS COUNTY		A
Legal Entity Number: 00050		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	34,016,018
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	14,083,197
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	42,605
5	Outpatient Services (Mode 15 Program 1 + Program 2)	15,682,627
6	Outreach Services (Mode 45)	3,697,052
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	510,537
9	Total - Lines 2 through 8	34,016,018

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: STANISLAUS COUNTY
County Code: 50

Legal Entity: STANISLAUS COUNTY		CR		CR		D		E		F		G	
Legal Entity Number: 00050		A		B		C		D		E		F	
Mode: 05 - Hospital Inpatient (SFC 10-19)		Mode Total		Service Function 10		Service Function 19		Service Function		Service Function		Service Function	
1	Allocation Percentage	100.00%		98.31%		1.69%							
2	Total Units			20,500		352							
3	Gross Cost	14,083,197		13,845,460		237,737							
4	Cost per Unit			675.39		675.39							
5	SMA per Unit			838.20		235.96							
6	Published Charge per Unit			1,036.54		1,036.54							
7	Negotiated Rate / Cost per Unit												
8	Medi-Cal Units	07/01/02 - 09/30/02		1,950		119							
8A		10/01/02 - 06/30/03		5,536		207							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02		477									
9A		10/01/02 - 06/30/03		1,798									
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		3									
10A		10/01/02 - 06/30/03		14									
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		2									
11	Healthy Families (SED) Units	07/01/02 - 09/30/02											
11A		10/01/02 - 06/30/03		21									
12	Non-Medi-Cal Units			10,699		26							
13	Medi-Cal Costs *	07/01/02 - 09/30/02	1,363,286	1,317,007		46,279							
13A		10/01/02 - 06/30/03	3,817,028	3,738,950		78,079							
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	1,680,769	1,634,490		46,279							
14A		10/01/02 - 06/30/03	4,718,354	4,640,275		78,079							
15	Medi-Cal Published Charges *	07/01/02 - 09/30/02	2,067,532	2,021,253		46,279							
15A		10/01/02 - 06/30/03	5,816,364	5,738,285		78,079							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03											
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	322,160	322,160									
17A		10/01/02 - 06/30/03	1,214,348	1,214,348									
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	399,821	399,821									
18A		10/01/02 - 06/30/03	1,507,084	1,507,084									
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	494,430	494,430									
19A		10/01/02 - 06/30/03	1,863,699	1,863,699									
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02											
20A		10/01/02 - 06/30/03											
21	Enhanced SD/MC (Children) Costs	07/01/02 - 09/30/02	2,026	2,026									
21A		10/01/02 - 06/30/03	9,455	9,455									
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/02 - 09/30/02	2,515	2,515									
22A		10/01/02 - 06/30/03	11,735	11,735									
23	Enhanced SD/MC (Children) Published Charges	07/01/02 - 09/30/02	3,110	3,110									
23A		10/01/02 - 06/30/03	14,512	14,512									
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	1,351	1,351									
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	1,676	1,676									
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	2,073	2,073									
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03											
29	Healthy Families Costs	07/01/02 - 09/30/02											
29A		10/01/02 - 06/30/03	14,183	14,183									
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02											
30A		10/01/02 - 06/30/03	17,602	17,602									
31	Healthy Families Published Charges	07/01/02 - 09/30/02											
31A		10/01/02 - 06/30/03	21,767	21,767									
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02											
32A		10/01/02 - 06/30/03											
33	Non-Medi-Cal Costs		7,339,359	7,225,979		113,380							

* : SFC 05-19 limited to SMA, HBP & Ancillaries.

County: STANISLAUS COUNTY		CR					
County Code: 50							
Legal Entity: STANISLAUS COUNTY		A	B	C	D	E	F
Legal Entity Number: 00050			Service	Service	Service	Service	Service
Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function
			86				
1	Allocation Percentage	100.00%	100.00%				
2	Total Units		130				
3	Gross Cost	42,605	42,605				
4	Cost per Unit		327.73				
5	SMA per Unit		177.60				
6	Published Charge per Unit		400.00				
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	07/01/02 - 09/30/02					
8A		10/01/02 - 06/30/03					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02					
9A		10/01/02 - 06/30/03					
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02					
10A		10/01/02 - 06/30/03					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03					
11	Healthy Families (SED) Units	07/01/02 - 09/30/02					
11A		10/01/02 - 06/30/03					
12	Non-Medi-Cal Units		130				
13	Medi-Cal Costs	07/01/02 - 09/30/02					
13A		10/01/02 - 06/30/03					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02					
14A		10/01/02 - 06/30/03					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02					
15A		10/01/02 - 06/30/03					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02					
16A		10/01/02 - 06/30/03					
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02					
17A		10/01/02 - 06/30/03					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02					
18A		10/01/02 - 06/30/03					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02					
19A		10/01/02 - 06/30/03					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02					
20A		10/01/02 - 06/30/03					
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02					
21A		10/01/02 - 06/30/03					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02					
22A		10/01/02 - 06/30/03					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02					
23A		10/01/02 - 06/30/03					
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02					
24A		10/01/02 - 06/30/03					
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03					
29	Healthy Families Costs	07/01/02 - 09/30/02					
29A		10/01/02 - 06/30/03					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02					
30A		10/01/02 - 06/30/03					
31	Healthy Families Published Charges	07/01/02 - 09/30/02					
31A		10/01/02 - 06/30/03					
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02					
32A		10/01/02 - 06/30/03					
33	Non-Medi-Cal Costs		42,605	42,605			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: STANISLAUS COUNTY County Code: 50		CR		CR		CR		CR		F		G	
Legal Entity: STANISLAUS COUNTY		A		B		C		D		E		F	
Legal Entity Number: 00050		Mode Total		Service Function 01		Service Function 10		Service Function 60		Service Function 70		Service Function	
Mode: 15 - Outpatient (Program 1)													
1	Allocation Percentage	100.00%		24.90%		40.65%		19.46%		14.99%			
2	Total Units			2,282,733		2,980,696		713,503		686,901			
3	Gross Cost	15,627,273		3,891,802		6,352,188		3,041,105		2,342,177			
4	Cost per Unit			1.70		2.13		4.26		3.41			
5	SMA per Unit			1.77		2.28		4.23		3.41			
6	Published Charge per Unit			2.00		2.50		5.00		4.00			
7	Negotiated Rate / Cost per Unit												
8	Medi-Cal Units	07/01/02 - 09/30/02		265,157		510,872		96,859		88,100			
8A		10/01/02 - 06/30/03		903,271		1,564,338		293,915		253,040			
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02				670		17,738		480			
9A		10/01/02 - 06/30/03		735		3,575		39,243		1,315			
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		1,460		7,176		435		100			
10A		10/01/02 - 06/30/03		2,630		11,665		1,295		770			
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		570		435		525		120			
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		2,215		4,190		370		230			
11A		10/01/02 - 06/30/03		9,020		21,450		1,800		1,970			
12	Non-Medi-Cal Units			1,097,675		856,325		261,323		340,776			
13	Medi-Cal Costs	07/01/02 - 09/30/02		2,254,022		452,063		1,088,724		412,834		300,401	
13A		10/01/02 - 06/30/03		6,989,289		1,539,975		3,333,775		1,252,730		862,809	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02		2,344,251		469,328		1,164,788		409,714		300,421	
14A		10/01/02 - 06/30/03		7,271,607		1,598,790		3,566,691		1,243,260		862,866	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02		2,644,189		530,314		1,277,180		484,295		352,400	
15A		10/01/02 - 06/30/03		8,199,122		1,806,542		3,910,845		1,469,575		1,012,160	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03											
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02		78,668				1,428		75,603		1,637	
17A		10/01/02 - 06/30/03		180,618		1,253		7,619		167,262		4,484	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02		78,196				1,528		75,032		1,637	
18A		10/01/02 - 06/30/03		179,934		1,301		8,151		165,998		4,484	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02		92,285				1,675		88,690		1,920	
19A		10/01/02 - 06/30/03		211,883		1,470		8,938		196,215		5,260	
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02											
20A		10/01/02 - 06/30/03											
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02		19,977		2,489		15,293		1,854		341	
21A		10/01/02 - 06/30/03		37,488		4,484		24,859		5,520		2,626	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02		21,127		2,584		16,361		1,840		341	
22A		10/01/02 - 06/30/03		39,355		4,655		26,596		5,478		2,626	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02		23,435		2,920		17,940		2,175		400	
23A		10/01/02 - 06/30/03		43,978		5,260		29,163		6,475		3,080	
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03		4,546		972		927		2,238		409	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03		4,631		1,009		992		2,221		409	
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03		5,333		1,140		1,088		2,625		480	
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03											
29	Healthy Families Costs	07/01/02 - 09/30/02		15,067		3,776		8,929		1,577		784	
29A		10/01/02 - 06/30/03		75,480		15,378		45,712		7,672		6,717	
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02		15,823		3,921		9,553		1,565		784	
30A		10/01/02 - 06/30/03		79,203		15,965		48,906		7,614		6,718	
31	Healthy Families Published Charges	07/01/02 - 09/30/02		17,675		4,430		10,475		1,850		920	
31A		10/01/02 - 06/30/03		88,545		18,040		53,625		9,000		7,880	
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02											
32A		10/01/02 - 06/30/03											
33	Non-Medi-Cal Costs			5,972,119		1,871,412		1,824,922		1,113,816		1,161,969	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 2
Fiscal Year 2002-2003

County: STANISLAUS COUNTY		MHS		MHS		ASO		ASO		ASO		MHS	
County Code: 50													
Legal Entity: STANISLAUS COUNTY		A		B		C		D		E		F	
Legal Entity Number: 00050				Service		Service		Service		Service		Service	
Mode: 15 - Outpatient (Program 2)		Mode Total		Function		Function		Function		Function		Function	
				10		60		01		10		60	
1 Allocation Percentage		100.00%		4.67%		11.66%		1.47%		80.64%		1.57%	
2 Total Units				2,340		2,690		660		36,300		705	
3 Gross Cost		55,354		2,584		6,456		812		44,635		867	
4 Cost per Unit				1.10		2.40		1.23		1.23		1.23	
5 SMA per Unit				2.28		4.23		1.77		2.28		4.23	
6 Published Charge per Unit												1.77	
7 Negotiated Rate / Cost per Unit													
8 Medi-Cal Units		07/01/02 - 09/30/02		1,255		540		360		8,854		144	
8A		10/01/02 - 06/30/03		1,085		975		300		27,446		561	
9 Medicare/Medi-Cal Crossover Units		07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10 Enhanced SD/MC Units		07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
10B Enhanced SD/MC (Refugees) Units		07/01/02 - 06/30/03											
11 Healthy Families (SED) Units		07/01/02 - 09/30/02											
11A		10/01/02 - 06/30/03											
12 Non-Medi-Cal Units						1,175							
13 Medi-Cal Costs		07/01/02 - 09/30/02		14,189		1,386		1,296		443		10,887	
13A		10/01/02 - 06/30/03		38,345		1,198		2,340		369		33,748	
14 Medi-Cal SMA Upper Limits		07/01/02 - 09/30/02		26,579		2,861		2,284		637		20,187	
14A		10/01/02 - 06/30/03		72,079		2,474		4,124		531		62,577	
15 Medi-Cal Published Charges		07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16 Medi-Cal Negotiated Rates		07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03											
17 Medicare/Medi-Cal Crossover Costs		07/01/02 - 09/30/02											
17A		10/01/02 - 06/30/03											
18 Medicare/Medi-Cal Crossover SMA Upper Limits		07/01/02 - 09/30/02											
18A		10/01/02 - 06/30/03											
19 Medicare/Medi-Cal Crossover Published Charges		07/01/02 - 09/30/02											
19A		10/01/02 - 06/30/03											
20 Medicare/Medi-Cal Crossover Negotiated Rates		07/01/02 - 09/30/02											
20A		10/01/02 - 06/30/03											
21 Enhanced SD/MC Costs		07/01/02 - 09/30/02											
21A		10/01/02 - 06/30/03											
22 Enhanced SD/MC SMA Upper Limits		07/01/02 - 09/30/02											
22A		10/01/02 - 06/30/03											
23 Enhanced SD/MC Published Charges		07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03											
24 Enhanced SD/MC Negotiated Rates		07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
25 Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03											
26 Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03											
27 Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03											
28 Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03											
29 Healthy Families Costs		07/01/02 - 09/30/02											
29A		10/01/02 - 06/30/03											
30 Healthy Families SMA Upper Limits		07/01/02 - 09/30/02											
30A		10/01/02 - 06/30/03											
31 Healthy Families Published Charges		07/01/02 - 09/30/02											
31A		10/01/02 - 06/30/03											
32 Healthy Families Negotiated Rates		07/01/02 - 09/30/02											
32A		10/01/02 - 06/30/03											
33 Non-Medi-Cal Costs		2,820		(0)		2,820		0		0		(0)	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: STANISLAUS COUNTY		MHS						
County Code: 50								
Legal Entity: STANISLAUS COUNTY		H	I	J	K	L	M	N
Legal Entity Number: 00050		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function	Function
		70						
1	Allocation Percentage							
2	Total Units							
3	Gross Cost							
4	Cost per Unit							
5	SMA per Unit	3.41						
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02						
8A		10/01/02 - 06/30/03						
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units							
13	Medi-Cal Costs	07/01/02 - 09/30/02						
13A		10/01/02 - 06/30/03						
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02						
14A		10/01/02 - 06/30/03						
15	Medi-Cal Published Charges	07/01/02 - 09/30/02						
15A		10/01/02 - 06/30/03						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: STANISLAUS COUNTY		CR		CR			
County Code: 50							
Legal Entity: STANISLAUS COUNTY		A	B	C	D	E	G
Legal Entity Number: 00050			Service	Service	Service	Service	Service
Mode: 45 - Outreach		Mode Total	Function	Function	Function	Function	Function
			10	20			
1	Allocation Percentage	100.00%	46.84%	53.16%			
2	Total Units		12,539	19,662			
3	Gross Cost	3,697,052	1,731,605	1,965,447			
4	Cost per Unit		138.10	99.96			
5	Non-Medi-Cal Units		12,539	19,662			
6	Non-Medi-Cal Costs	3,697,052	1,731,605	1,965,447			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: STANISLAUS COUNTY
County Code: 50

CR CR

Legal Entity: STANISLAUS COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00050		Mode Total	Service	Service	Service	Service	Service	Service
Mode: 60 - Support			Function	Function	Function	Function	Function	Function
1	Allocation Percentage	100.00%	20	64				
2	Total Units		21.81%	78.19%				
3	Gross Cost		916	1				
4	Cost per Unit	510,537	111,371	399,166				
5	Non-Medi-Cal Units (Same as Line 2)		121.58	399,166.00				
6	Non-Medi-Cal Costs (Same as Line 3)		916	1				
		510,537	111,371	399,166				

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1958 (10/04)

Fiscal Year 2002-2003

County: STANISLAUS COUNTY County Code: 50			REIMBURSEMENT TYPE				Costs	Costs			Costs	Costs	
Legal Entity: STANISLAUS COUNTY Legal Entity Number: 00050			A	B	C	D	E	F	G	H	I	J	K
			S. F.'s 01-09	Mode 55 S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02					1,363,286					14,189	2,268,211
1A		10/01/02 - 06/30/03					3,817,028				6,989,289	38,345	7,027,634
2	Medi-Cal SMA	07/01/02 - 09/30/02					1,680,769				2,344,251	26,579	2,370,830
2A		10/01/02 - 06/30/03					4,718,354				7,271,607	72,079	7,343,686
3	Medi-Cal P. C.	07/01/02 - 09/30/02					2,067,532				2,644,189		2,644,189
3A		10/01/02 - 06/30/03					5,816,364				8,199,122		8,199,122
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02					1,363,286				2,254,022	14,189	2,268,211
5A		10/01/02 - 06/30/03					3,817,028				6,989,289	38,345	7,027,634
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02					322,160				78,668		78,668
6A		10/01/02 - 06/30/03					1,214,348				180,618		180,618
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02					399,821				78,196		78,196
7A		10/01/02 - 06/30/03					1,507,084				179,934		179,934
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02					494,430				92,285		92,285
8A		10/01/02 - 06/30/03					1,863,699				211,883		211,883
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02					322,160				78,668		78,668
10A		10/01/02 - 06/30/03					1,214,348				180,618		180,618
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02					1,685,445				2,332,690	14,189	2,346,879
11A		10/01/02 - 06/30/03					5,031,376				7,169,907	38,345	7,208,252
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02					2,026				19,977		19,977
12A		10/01/02 - 06/30/03					9,455				37,488		37,488
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02					2,515				21,127		21,127
13A		10/01/02 - 06/30/03					11,735				39,355		39,355
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02					3,110				23,435		23,435
14A		10/01/02 - 06/30/03					14,512				43,978		43,978
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02					2,026				19,977		19,977
16A		10/01/02 - 06/30/03					9,455				37,488		37,488
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03					1,351				4,546		4,546
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03					1,676				4,631		4,631
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03					2,073				5,333		5,333
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/02 - 09/30/02					1,687,472				2,352,667	14,189	2,366,856
21A		10/01/02 - 06/30/03					5,040,832				7,207,395	38,345	7,245,740
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03					1,351				4,546		4,546
23	Healthy Families Cost	07/01/02 - 09/30/02									15,067		15,067
23A		10/01/02 - 06/30/03					14,183				75,480		75,480
24	Healthy Families SMA	07/01/02 - 09/30/02									15,823		15,823
24A		10/01/02 - 06/30/03					17,602				79,203		79,203
25	Healthy Families P. C.	07/01/02 - 09/30/02									17,675		17,675
25A		10/01/02 - 06/30/03					21,767				88,545		88,545
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02									15,067		15,067
27A		10/01/02 - 06/30/03					14,183				75,480		75,480
Less: Patient and Other Payor Revenues													
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02					286,328				23,536		23,536
28A		10/01/02 - 06/30/03					996,188				61,047	15,211	76,258
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02					1,401,144				2,329,131	14,189	2,343,320
35A		10/01/02 - 06/30/03					4,044,644				7,146,348	23,134	7,169,482
36	Net Due - Enhanced SD/MC (Refugees)						1,351				4,546		4,546
37	Net Due - Healthy Families	07/01/02 - 09/30/02									15,067		15,067
37A		10/01/02 - 06/30/03					14,183				75,480		75,480
Amount Negotiated Rates Exceed Costs													
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: STANISLAUS COUNTY
County Code: 50

Legal Entity: STANISLAUS COUNTY

Legal Entity Number: 00050		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)	1,399,118	4,035,188	719,147	2,078,953		
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services						
4	15 - Outpatient (Program 1)	2,309,154	7,108,860	1,186,905	3,667,393		
5	15 - Outpatient (Program 2)	14,189	23,134	7,293	11,693		
6	Totals	3,722,461	11,167,182	1,913,345	5,758,038		
7	Totals from MH1979	3,722,461	11,167,182	1,913,345	5,758,038		
8	Effective SD/MC FFP %					51.40%	51.56%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: STANISLAUS COUNTY County Code: 50						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8			
Legal Entity: STANISLAUS COUNTY Legal Entity Number: 00050						F	G	H	I	J
						51.40% FFP	51.56% FFP	Variable % FFP	75% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)										
1	County SD/MC Direct Service Gross Reimbursement									
		A	B	C	D					
		Total	Total	Total	Total					
		MAA	Inpatient	Outpatient		50% FFP				
	Contract Provider Medi-Cal Direct Service Gross Reimbursement									
2	Total Medi-Cal Direct Service Gross Reimbursement									
3	Medi-Cal Administrative Reimbursement Limit									
4	Medi-Cal Administration									
5	Medi-Cal Administrative Reimbursement									
6	Healthy Families Administrative Reimbursement (County Only)									
7	County Healthy Families Direct Service Gross Reimbursement									
8	Healthy Families Administrative Reimbursement Limit									
9	Healthy Families Administration									
10	Healthy Families Administrative Reimbursement									
	SD/MC Net Reimbursement for MAA									
11	Medi-Cal Admin. Activities Svc Functions 01 - 09									
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39									
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)									
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)									
15	Other SD/MC Utilization Review (County Only)									
16	SD/MC Net Reimbursement for Direct Services									
16A	Enhanced SD/MC Net Reimb. (Children)									
17	Enhanced SD/MC Net Reimb. (Refugees)									
17A	Total SD/MC Reimbursement Before Excess FFP									
18	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC									
19	Total SD/MC Reimbursement (FFP)									
20	Contract Limitation Adjustment									
21	Adjusted Total SD/MC Reimbursement (FFP)									
22	Healthy Families Net Reimbursement									
23	Total Healthy Families Reimbursement Before Excess FFP									
24	Amount Negotiated Rates Exceed Costs - Healthy Families									
24A	Total Healthy Families Reimbursement									
25										
26										
27										

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 CALCULATION OF SHORT-DOYLE/MEDI-CAL
 FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS
 MH 1991 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

COUNTY NAME: STANISLAUS COUNTY		LEGAL ENTITY			NAME: STANISLAUS COUNTY			
COUNTY CODE: 50					NUMBER: 00050			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC		\$231.30	07/01/02 - 07/31/02	3	\$ 694	\$298	\$125	\$1,116
		\$236.38	08/01/02 - 09/30/02	116	\$ 27,420	\$12,495	\$5,247	\$45,162
		\$236.38	10/01/02 - 12/31/02	207	\$ 48,931	\$20,528	\$8,620	\$78,079
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	\$ 124,357
Children EMC		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	
Refugees EMC		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	
Healthy Families		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	
GRAND TOTAL					\$ 77,045	\$ 33,321	\$ 13,992	\$ 124,357